STATEMENT OF

FORM 1	ORGANIZA' (See instructions			
1. NAME OF COMMITTEE (in f	(Check if name	Example: If typying, type over the lines	12FE4M5	Office use only
	r Advanced Life Underwriting PAC		111111	
ADDRESS (number and s	rreet) Floor,4			
(Check if address is changed)	Falls Church		L VA	
	C	CITY	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-ma	ail address)		
(Check if address is changed)	info@aalupac.org			
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE M M M O 6	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	C00447565		
4. IS THIS STATEM		X AMENDED (A)		
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowl Freasurer Marc R. Cadin	edge and belief it is true, correct a	and complete	
Signature of Treasurer	Electronically Filed by Marc R. Cao	din	Date 0 6	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may s		•	
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)